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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Filed herewith
First Named Inventor	Heer et al.
Title	Microbicidal Composition
Group Art Unit	
Examiner Name	
Attorney Docket Number	A01511

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Firm or Individual Name	Kenneth Crimaldi		
Address	Rohm and Haas Company		
Address	100 West Independence Mall		
City		State PA Zip 19106	
Country	US		
Telephone	215-592-2423	Fax 215-592-2682	
I am the:			
Applicant/Invent	or.		
. — —	ord of the entire interest. See 37 CFR 3.7 or 37 CFR 3.73(b) is enclosed. (Form PT)		
Statement unue			
	SIGNATURE of Applicant or Assigne	ee of Record	-
Name Bryan	Hegarty		
Signature	a Nearety		
Date 28	101/04		
	ntors or assignees of record of the entire interest	or their representative(s) are required. Submit mul	ltiple
forms if more than one signature			
★ Total of 3 for formula for the formula	rms are submitted.		

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Attorney Docket Number	A01511

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Firm or Individual Na	me Kenneth Crimaldi				
Address	Rohm and Haas C	ompany			
Address	100 West Indepen				
City	Philadelphia		State PA	Zip 19106	
Country	US				
Telephone	215-592-2423	ſ	ax 215-592-26	582	
I am the:			.,		
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Statemer	nt <i>under 37 CFR</i> 3.73(b) <i>is</i>	enciosed. (Form P10)/SB/96).		
<u></u>	SIGNATURE of	Applicant or Assigne	e of Record		
Name	Gerhard Tiedtke				
Signature	Cana	<i>-</i>			
Date	28.01.200				
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Group Art Unit	
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Attorney Docket Number	A01511

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City		State PA	Zip 19106
Country	US		
Telephone	215-592-2423	Fax 215-592-26	582
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Applicant/Invent	or.		
Assigned of real	and of the antire interest. See 27 CED 2	74	
	ord of the entire interest. See 37 CFR 3. er 37 CFR 3.73(b) <i>is enclosed. (Form PT</i>		
	SIGNATURE of Applicant or Assign	ee of Record	
Name Beat H	leer		
Signature	3. Hees		
Date 2	28.01.2004		
	ntors or assignees of record of the entire interest	or their representati	ve(s) are required. Submit multiple
forms if more than one signature *Total of	ors required, see below".		

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			Attorney Docket Nu	mber	A01511		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Invento	or	Heer et al.			
		COMPL	ETE I	F KNOWN			
		Application Number	Not Yet Assigned				
ı	Declaration Declaration	Filing Date	Filed Herewith				
•	Submitted	OR		Art Unit	Not \	Yet Assigned	
	Filing	(27 CED 1 16 (a))	Examiner Name	Not `	Yet Assigned		

				
As the below named inventor, I here	eby declare that:			
My residence, mailing address, and ci	tizenship are as stated belo	w next to my name.		
I believe I am the original and first inve	entor of the subject matter w	hich is claimed and for whi	ch a patent is sougl	ht on the invention entitled:
 Microbicidal Composition				
inioropioidal Composition				
	(Title of the Ir	nvention)		<u> </u>
the specification of which				
is attached hereto				
OR				
was filed on (MM/DD/YYYY)		as United States A	Application Number	or PCT International
			ي.	-
Application Number	and was amend	ed on (MM/DD/YYYY)		(if applicable).
, and the second				(ii applicable).
I hereby state that I have reviewed an	d understand the contents o	of the above identified spec	ification including t	the claims, as amended by
any amendment specifically referred to		in the above lacininea spec	meation, metading t	are claims, as amended by
I acknowledge the duty to disclose info				
applications, material information which international filing date of the continua		in the filing date of the prior	application and the	e national or PC1
I hereby claim foreign priority benefits breeders rights certificate(s), or 365(s under 35 U.S.C. 119(a)-(d	or (f), or 365(b) of any for	eign application(s)	for patent, inventors or plant
States of America, listed below and h	ave also identified below, t	by checking the box, any fo	oreign application f	for patent, inventor's or plant
breeder's rights certificate(s), or any claimed.	PCT international applicat	tion naving a ming date be	nore that of the ap	plication on which phonty is
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Copy Attached?
Number(s)	Country	(MM/DDNYYY)	Not Claimed	YES NO
Additional foreign application nu	mhere are listed on a supple	mental priority data sheet	PTO/SB/02B attach	ad barato:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below							
Kenneth Crimaldi _{Name} Rohm and Haas Company							
100 West Independence Mall							
Address							
Philadelphia _{City}			PA	19106 zip			
Country USA Tel	Telephone 215-592-2423			Fax 215-592-2682			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR							
Given Name Beat Family (first and middle [if any]) or Surn			Name Heer				
Inventor's Signature	28.01.2004 Date						
Grabs Residence: City	State		CH Country	CH Citizenship			
Blumenweg 5 Mailing Address							
Grabs City	State	CH-9472 ZIP		CH Country			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Gerhard (first and middle [if any])			Family Name Tiedtke or Surname				
Inventor's Signature				28.01.200 % Date			
Residence: City Gams	State	CH Country		CH Citizenship			
Mattenhof B Mailing Address							
Gams City	State	CH9473 ZIP		CH Country			
Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

PTO/SB/02A (10-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor					
_{Given} Bryan Martin Name		Family Name Hegarty or Surname					
Inventor's & Heynella				Date 28/01/04			
Residence: City	State	FR Country		IE Citizenship			
32 Chemin de la Montagne Malling Address							
Mailing Address							
City Peymeinade	State	ZIP 06530 Coun		ntry France			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name	Family Name or Surname						
Inventor's Signature Date							
Residence: City	State	Country		Citizenship			
Malling Address							
Mailing Address							
City	State	ZIP Coun		try			
Name of Additional Joint Inventor, if any:							
Given Family Name or Surname							
Inventor's Signature Date							
Residence: City	State	Country		Citizenship			
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